

A Literature Review on Narrative Medicine Education

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Abstract

To determine how to develop a narrative medicine module specifically for Chinese medical students, this article conducts a literature review on the subject. The assessment thoroughly examines various components of narrative medicine education, including objectives, content, pedagogies, and assessment. Additionally, it scrutinizes the present state of development in this field and the results obtained from previous initiatives in narrative medicine education. The aim is to offer valuable perspectives for the advancement of narrative medicine modules, investigate novel approaches in narrative medicine education, and potentially foster further investigation in the field of narrative medicine education. The development of the narrative medicine module should preferably consider long-term projects. The assessment should be diversified, avoiding singular assessment of narrative competence. Furthermore, module development should take into account social and cultural backgrounds. Meanwhile, recommendations are provided for the future research direction of narrative medicine education, including expanding the research scope, enhancing faculty training and institutional support for narrative medicine education, and accelerating the construction of the narrative medicine discipline.

Keywords: Narrative Medicine Education, Objectives, Content, Pedagogy, Assessment

Introduction

Narrative medicine education

Charon (2001), the progenitor of narrative medicine, defined it as the application of medicine with the capacity to identify, assimilate, interpret, and be motivated to action by the narratives of illness. Narrative medicine, as understood by the author, is an interdisciplinary domain that integrates the art of narration with the practice of medicine. It is emphasized that active listening, comprehension, and reflection are crucial components of patient interactions. Hence, establishing a clear history of the evolution of narrative medicine education is crucial for comprehending pertinent scholarly works. The author utilized MyLens to generate a developmental timeline for narrative medicine education research (Figure 1). Following Professor Charon's proposal of narrative medicine, the first narrative medicine

program was established at Columbia University in 2001, and a year later, Columbia University offered the first master's degree in narrative medicine. In 2009, the seminal book "Narrative Medicine: Honoring the Stories of Illness" was published, signaling a milestone in the field. The following year witnessed an inaugural international conference dedicated to narrative medicine, paving the way for its internationalization. Since 2015, there has been a surge in narrative medicine education initiatives worldwide.



Figure 1. The narrative medicine education developmental timeline.

A growing community of clinicians are working towards promoting the application of the biopsychosocial model in medicine when clinicians have narrative competence to understand and pay close attention to patients' experiences and stories, which aligns with the advancement of narrative medicine. Narrative medicine has emerged as a response to the neglect of patients' subjective experiences and existential themes in the biomedical model. It functions as an effective instrument in the incorporation of medical humanities and the enhancement of narrative competence among medical students (Skorunka et al., 2022). Therefore, narrative medicine is poised to exert a significant influence on the domain of medical education. The emergence of the first narrative medicine module at Columbia University College of Physicians and Surgeons has led to the progressive implementation of narrative medicine education in higher medical institutions and hospitals worldwide.

There is a multitude of studies demonstrating the significant advantages of narrative medicine education, particularly on medical campuses. The development of a narrative medicine module tailored for Chinese medical students is also imperative. Therefore, the research question of this study is as follows: How can a narrative medicine module be created specifically for Chinese medical students? By leveraging Research Rabbit, the top ten papers on narrative medicine education were imported, resulting in the retrieval of 949 highly relevant articles spanning from 1979 to 2023. Beginning with Professor Charon's introduction of narrative medicine in 2001, scholars embarked on comprehensive investigations. The formal initiation of narrative medicine education took place in 2015, signalling the commencement of a period of rapid growth and progress. (Figure 2).

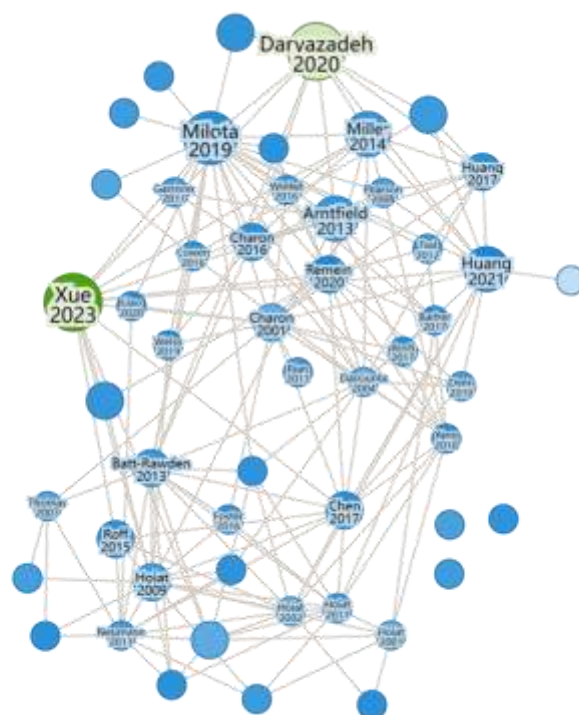


Figure 2. Visualization of the connections between the top fifty articles in the field of narrative medicine education.

Significance of investigating instructional objectives, contents, pedagogy, and assessment

The narrative medicine module was considered an innovative addition. Gaining a comprehensive understanding of ongoing research and development in narrative medical education is crucial for informing the creation of narrative medical modules or the enhancement of narrative medicine education.

The significance of investigating teaching objectives, contents, pedagogy, and assessment has been underscored by several studies. Glifonea (2012) highlights the need for having distinct and precise objectives in teaching modules. Editor (2019) emphasized the significance of an interactive module system in selecting appropriate content, whereas Jennings (2010) further emphasized the value of pedagogy in encouraging student-centered approaches. Herrera et al (2021) introduced a module design strategy that is grounded in assessment and offers a useful evaluation instrument for instructors who are not specialized in pedagogy. These studies collectively emphasize the significance of adopting a comprehensive and cautious approach to module construction. This approach should take into account the alignment of objectives, content, pedagogy, and assessment. In addition, Müller and Schmidt (2009) contend that there should be alignment between objectives, methodologies, and assessment methods. The significance of examining teaching objectives, teaching contents, teaching methods, and assessment of a module is to improve effective learning through meticulous planning and syllabus design, comprehending students' capabilities and performance in assessments, and gaining insights into student assessment practices (Miftari & Idrizi, 2017).

This paper will undertake a comprehensive review of narrative medicine education, specifically addressing its teaching objectives, contents, pedagogy, and assessment. The research will entail collecting web resources and analyzing germane literature. Finally, this

article will examine the influence of narrative medicine education on medical students, patient care, and healthcare outcomes. The paper concludes by providing suggestions for future research and practice in this swiftly developing field.

Objectives in Narrative Medicine Education

Narrative medical education is utilized in the field of medical education. Thus, it is a priority to elucidate the objectives of medical education. Teaching objectives in medical education are explicit targets that convey the expected knowledge and skills that students should possess after instruction. These objectives seek to enhance student comprehension and performance (Orr et al., 2022). They comprise particular objectives for enhancing students' development in terms of the knowledge, skills, and professional proficiency required for effective healthcare and education (Singh & Singh, 2023). Teaching objectives in medical education serve as governing principles for faculty in selecting suitable teaching methods and assessments to gauge student understanding (Mubarokah et al., 2020). It is essential to recognize the significance of students acquiring specific knowledge and skills in a particular course, as this facilitates targeted instruction and effective evaluation of learning outcomes (McNamara & Nolan, 2022). Furthermore, in the development of medical modules, objectives serve as a guiding framework for faculty to determine suitable teaching materials, methods, and assessments for gauging student advancement.

The objectives of narrative medical education are supposed to match and support the aims of medical education, in accordance with broader objectives in the field of medicine. The purpose of narrative medicine education provides a substantial contribution to the overall objectives of medical education by highlighting the significance of attentively attending to and methodically contemplating patient narratives, cultivating empathy, and enhancing personal welfare (Spencer, 2023). Incorporating literary studies into medical education and promoting conversations on literary texts might enhance medical students' scientific comprehension and enable them to employ narrative competence in their medical practice effectively (Kriebernegg, 2022). By fostering efficient doctor patient communication, establishing trust, and enhancing doctor patient interactions, this approach aligns with the overarching objectives of medical education (H. Zhang, 2022). This interdisciplinary approach promotes introspection, adaptability, and a better understanding of patient encounters, in accordance with the broader objectives of medical education (Phelan, 2022). Furthermore, Daryazadeh et al. (2022) demonstrated that narrative medicine education enhances medical students' professional competencies, fostering empathy and reflection skills, which aligns with the overarching objectives of medical education to cultivate well-rounded and ethical healthcare professionals.

The objectives of narrative medicine education are to strengthen professional identity, promote self-reflection, facilitate emotional catharsis, and develop proficiency in reflective writing among students in health professions through nurturing empathetic connections (H. Liao & Wang, 2023). Furthermore, the aim is to enhance clinical practice by refining narrative skills, investigating the role of written texts, and empowering healthcare practitioners in the interpretation and construction of meaning (Spencer, 2023b). Smith et al (2023); Xue et al (2023) demonstrated that narrative medicine education is effective in enhancing professionalism, empathy, communication and the ability to provide humanistic care for nursing students, as well as in supporting interprofessional education in healthcare. The aims of narrative medicine education are to improve patient care through attentive listening and deliberate reflection on patient narratives, to enhance personal well-being, and to enhance

the professional skills of medical providers (Stumbar et al., 2023). Overall, narrative medicine education effectively addresses empathy, communication skills, reflective practice, narrative competence and cultural competence.

Contents of Narrative Medicine Education

Narrative medicine education seeks to cultivate narrative competence in order to enhance medical practices, including character, progression, perspective, time, and space (Phelan, 2022b). The concept encompasses the study of interpreting narratives, the methodology of providing clinical care, investigations that spans several disciplines, the development of narrative skills for healthcare professionals, and the promotion of meaningful interpretation for all individuals involved in healthcare (Spencer, 2023c). The fundamental elements entail extracting patient narratives to guide treatment decisions, alleviating distress, and enhancing overall quality of life, particularly in palliative care environments (Steinhauser & Winger, 2022). Additionally, narrative medicine involves the practices of actively listening to patients' stories, empathizing with their emotions, and establishing trust to deliver compassionate care, leading to patient satisfaction and clinician fulfilment through patient-centered care, shared decision making, relational medicine, patients narrating their illness, narratology, listening to patients' narratives, and training narrative competence through literature and writing (L. Guo, 2019). Effective communication skills such as close reading, reflective writing, autoethnography, poetic inquiry, and dialogue are crucial in the field of narrative medicine education, which has become a prominent component of medical humanities programs and medical education worldwide (Davidson & Cusanno, 2022). In addition, Remein et al. (2020) and Smith et al. (2023b) demonstrated that it encompasses textual analysis, creative writing, and reflective writing. It involves evaluating patient narratives, preserving comprehensive reports, extracting essential stories, and visually mapping plots and events.

The substance of narrative medicine education differs according to the specific educational objectives. In a narrative medicine module at Columbia University, instructors utilized various narratives to facilitate students' comprehension of the correlation between women's bodies and their maladies. This was accomplished through engaging activities such as film screenings, literary analysis, and written reflections on the topic (DasGupta, 2003). Stanley and Hurst (2011) proposed that incorporating narrative materials into palliative care-focused narrative medicine modules can enhance students' comprehension of the end-of-life journey of patients and equip them with the necessary skills to support dying patients and their attendants. Moreover, because narrative medicine focuses on the process of doctor patient communication, researchers have utilized narrative medicine module activities to instruct clinical trainees in the use of narrative methods for therapeutic communication with patients (Garrison et al., 2011).

In recent years, with the development of research on narrative medical modules, instructional content and materials have progressively become more diversified. Narrative materials such as Anne Lamott's book, *Bird by Bird*, Dr. Richard Weinberg's short story "First Love" and William Butler Yeats' poem "The Lake Isle of Innisfree" were utilized to direct learners to engage in a narrative exploration of their own metaphors (Remein et al., 2022). Cinemas whose topics are intersexuality, transgender, abortion, surrogacy, euthanasia, Pompe disease, fast food, stigma about psy-chiatry, and amputation were employed in the narrative medicine module (Rueb et al., 2022). Moreover, academicians are investigating various activities in the narrative medicine module. A creative writing module used dress

rehearsal, public performance of stories, literary studies, creative writing, reflective practice, collegial feedback, and drama to enhance narrative competence (Nash et al., 2023). Narrative medicine education has developed significantly in China. Students were required to complete a parallel medical record and read and discuss the content in class (Zhao et al., 2023).

To date, the content of narrative medicine education has not yet formed a comprehensive system, and relevant research has predominantly concentrated on the collation and development of narrative materials. The main content of the narrative medicine module includes the following: definition and origin of narrative medicine, three focal points of narrative medicine, three elements of narrative medicine, two tools of narrative medicine, performance of empathic behavior, reading of classic short stories and middle-length novels in narrative medicine, narrative work reading and empathy construction, watching videos adapted from real cases and reflective writing/parallel medical records (Xue et al., 2023b). In addition, narrative content can include various forms such as films, television works, photographs, dramas, fictions, poetries, biographies, dialogue, patient narratives, narrative materials related to palliative care, communication skills, dress rehearsal, public performance of stories, narrative hermeneutics, clinical care methodology, interdisciplinary inquiry, and narrative skills for clinicians.

Pedagogy of Narrative Medicine Education

The main pedagogies of narrative medicine education are close reading and reflective writing. Close reading requires the reader to pay attention not only to words and plots but also to aspects of the literary setting of a text and can help develop the narrative competence of medical students. Reflective writing enables narrators to actively convey themselves and to evaluate and share their own experiences.

One strategy is to integrate narrative medicine into other courses or build new narrative medicine modules for long-term narrative medicine education. The Mayo School of Medicine's use of anatomy modules for narrative medicine education (Hammer, 2010) and the University of Michigan Medical School's "Family-Centered Experience" module. Wald (2019) have demonstrated the efficacy of teaching narrative medicine. The Mayo Clinic Center for Medical Humanities designed and developed three humanities elective courses, "Telling Patient Stories," "Narrative Medicine Practice," and "Medical Humanities in Physician Training" (Rian & Hammer, 2013). Medical students practice attentive listening; then, they are guided through patient narratives in the ward, using close reading to understand the patient's experience of illness; and finally, students engage in reflective writing, writing patient stories from their own perspective and reading the written stories to patients (Chretien et al., 2015). The instructors utilized various methods to implement the narrative medicine module, such as carefully reading creative pieces, writing openly in response to prompts, sharing their written reflections, and responding thoughtfully to one another's work (Childress et al., 2022).

Other kinds of narrative medicine education include short-term forums or seminars based on practical projects. The University of New Mexico's "Practice-Based Integrative Experience" project has used its own platforms to conduct experiments and validate the effectiveness of the narrative medicine approach used (Reichert et al., 2009). Depending on the subjects and resources used in teaching narrative medicine, teachers also devise alternative methods of teaching, such as viewing and discussing films, and artworks and inviting professionals to participate in class (Hellerstein, 2015). They demonstrated the effectiveness of the methodologies used to teach narrative medicine and their ability to enhance students' narrative competence. There are other seminars on book discussions (Ney

et al., 2023), language-oriented “Discourse Communities” and “Critical Illness” (Collier et al., 2022), experiential seminars and writing workshops (Remein et al., 2022b). Furthermore, other forms such as cinema education can be used to enhance medical students’ narrative competence. A film concerned with a specific health topic is shown, followed by an expert and peer discussion between one to four experts and/or patients and/or their relatives and the audience (Rueb et al., 2022b).

Narrative medicine teaching strategies and activities have not yet formed a standard, and relevant research has mainly concentrated on close reading, literary studies, reflective/creative writing, seminars, etc. Instructional strategies include creation. In addition to close reading and reflective writing, there are increasingly more special activities, such as draw-and-talk activities Liaw et al (2022), seminars, the sharing of narrative works Xue et al (2023c), classroom lectures, and film discussions and so on (Zhao et al., 2023b).

Assessment in Narrative Medicine Education

Assessment of learning outcomes in narrative medicine education plays a crucial role in evaluating students' acquisition of knowledge, skills, and attitudes. It includes measuring professional identity, reflective thinking, emotional catharsis, and reflective writing competency through quantitative instruments and student interviews (Liao & Wang, 2023b). Various assessment tasks, such as tests, exams, reflective journals, and presentations, are utilized to confirm the achievement of anticipated outcomes, such as impacts on attitudes, knowledge, and skills (Milota et al., 2019). Assessment in narrative medicine education aligns tasks such as essays, presentations, and reflective journals with learning outcomes to confirm student achievement, ensuring consistency and effectiveness in evaluation methods (Goel et al., 2021). The incorporation of narrative teaching methods into medical curricula remains a topic of interest, and there is a need for structured models to guide its implementation in educational settings.

The aim of narrative medical education is to develop the narrative competence (listening and acceptance competence, understanding and response competence, reflection and interpretation competence) of clinicians and medical students; therefore, most studies assess the effectiveness of narrative medicine modules with narrative competence.

Most experimental studies of narrative medicine education have used qualitative methods, such as interviews or written texts to comprehend what students have gained in the classroom, to draw conclusions about the efficacy of narrative medicine education. For instance, in a narrative medicine module for medical students in training, teachers arranged for students to listen to patient stories and write feedback and evaluated students' narrative competence by comparing the recorded patient stories with the feedback stories written by the students (Chretien et al., 2015b). In addition, students anonymously evaluated the module with a Qualtrics survey (Ney et al., 2023b) and evaluated the collaborative construction and compelling performance of stories (Nash et al., 2023b). On the other hand, few programs, such as the Burnout Inventory General Survey and Trait Emotional Intelligence Questionnaire, have evaluated the effectiveness of these programs with related questionnaires (Childress et al., 2022b).

It is imperative to have an instrument to assess narrative competence with a quantitative procedure. Moreover, narrative competence cannot be the only evaluation of narrative competence. The numerous qualities that medical practitioners should acquire, such as communication skills, empathy and cultural competence, can be considered.

The aim of narrative medical education is to develop the narrative competences (listening and acceptance competence, understanding and response competence, reflection and interpretation competence) of clinicians and medical students; therefore, the assessment of teaching should also revolve around narrative competence. Some academics evaluate the effectiveness with qualitative methods, such as by assessing the compositional ability of students (Zhao et al., 2023c). Most narrative medicine teaching is assessed by participants (Communicating and Cooperating With Cancer Patients -- Where Cognitive Science Meets Narrative Medicine - Northumbria Research Link, n.d.-b). They proposed the use of an objective structured clinical examination to validate the efficacy of a narrative medicine training module at the level of student behavior. Therefore, it is necessary to utilize quantitative methodologies to assess the efficacy of narrative medicine education. Nursing professionalism was assessed using the Chinese version of Hall's Professionalism Inventory, the Jefferson Scale of Empathy for Nursing Students and the Humanistic Compassionate Ability Scale of Nursing Undergraduates (Xue et al., 2023d).

Impact of Narrative Medicine Education

Narrative medicine educational interventions serve as an essential means of equipping medical students with the necessary narrative competence to engage in shared decision-making with their patients (Charon, 2007). These interventions focus on augmenting students' narrative competence, which involves improving their listening and observation skills, stimulating their empathetic abilities, and increasing their capacity for reflection and perspective-taking (Marchalik, 2017). Additionally, medical education modules intend to develop students' relationship competence, enabling them to demonstrate empathy, effective communication, affiliation, and intersubjectivity in the context of patient treatment (Chu et al., 2020). Narrative medicine education can enhance reflective capacity and empathy, ultimately promoting professionalism as a fundamental skill in the field of medicine (Daryazadeh et al., 2020). Therefore, narrative medicine education plays a pivotal role in developing communication skills and narrative competence, which includes listening and observation skills, empathy, reflective capacity and affiliation of medical students.

Narrative medicine education has had positive impacts on medical students. Studies have demonstrated that engaging in narrative medicine interventions can lead to improvements in various aspects such as professional identity, self-reflection, emotional catharsis, and reflective writing competency (Liao & Wang, 2023c). Additionally, the use of narrative medicine has been linked to enhancing empathy, interpersonal skills, emotional intelligence, and narrative competence and reducing burnout among medical students (Childress et al., 2022c; Kribernegg, 2022b). Furthermore, implementing narrative medicine in medical education can help students maintain and evolve their humanistic, patient-centered vision throughout their studies, despite encountering challenges and vocational crises (Atienza et al., 2023). Narrative medicine functions as a valuable pedagogical instrument that deepens emotional connections, improves communication skills, and fosters a more empathetic approach for future healthcare professionals. Narrative medicine education positively impacts medical students by augmenting their patient care strategies and promoting personal well-being, empathy, emotional processing, and advocacy skills (Stumbar et al., 2023b). Clinical scenario-based seminars substantially improved empathy in medical students, enhancing perspective taking and compassionate care skills (Feng et al., 2023).

Narrative medicine education in clinical practice has shown numerous positive effects. It enhances communication skills, fosters empathy, self-care, and reflective practice, and promotes trust between patients and physicians and personal and professional development, even community building among healthcare providers (So et al., 2023; Small, 2023). Studies have demonstrated that narrative training programs can substantially improve empathy levels in medical residents, leading to improved patient care and understanding (Davidson & Cusanno, 2022b). Additionally, narrative medicine programs have been found to humanize medical practice by emphasizing the importance of patient experiences, thus contributing to a more holistic approach to healthcare (Feng et al., 2023b). Overall, incorporating narrative medicine into healthcare settings has the potential to improve the quality of care, enhance interprofessional collaboration, and reinforce patient-provider relationships through a deeper comprehension of patients' experiences and perspectives.

Narrative medicine education is promising for enhancing healthcare outcomes and patient satisfaction (Martins, 2023). The incorporation of patient experiences into training fosters empathy, improves attitudes towards underserved populations, and enhances the quality of care provided by healthcare professionals. This approach enables clinicians to become adept readers, writers, and interpreters, empowering them to partake in meaning-making processes within healthcare. Furthermore, narrative-based training platforms such as Caring Stories focus on person-centered care, fostering a better understanding of patients' lifeworlds and facilitating enhanced communication in complex care trajectories. Integrating narrative medicine methods with film analysis can offer reflective methodologies for healthcare education, enhancing the effectiveness of using visual media in training. Ultimately, narrative medicine helps combat negative biases, such as ableism, in healthcare, fostering empathy and enhancing the provision of care for people with disabilities.

Current Practices and Innovations

Review of existing narrative medicine education programs

Many healthcare institutions, hospitals and medical schools around the world are beginning to incorporate the practice of narrative medicine into their curricula, and according to a systematic review of the literature through 2019, a total of 55 narrative medicine modules were implemented around the world until 2019. From a geographical perspective, the bulk of modules occurred in North America, followed by Europe. The audience varied, but the highest concentration of modules were targeted at medical students, followed by trainees (residents and fellows) and then faculty and nonfaculty physicians. The goals of the modules encompassed a range of narrative and clinical skills. Module activities tended to concentrate on reading and discussion, as well as on reflective writing exercises (Remein et al., 2020b).

Table 1

Narrative medicine projects before 2019

		Numbers of Module
Location	USA/Canada	46
	Europe	5
	South/Western Asia	3
	South America	1
Audience	Medical students	23
	Trainees (residents/fellows)	22
	Faculty/Physician non faculty	17
	Nurses/Nursing students	9
	Other staff (e.g., administrators, paramedical personnel, community workers)	9
	Other students(e.g., graduate students)	2
Goals	Reflection	23
	Empathy	22
	Communication/Attentive listening	20
	Resilience/Burnout detection/Mitigation	9
	Cultural competence	3
	Wellness	3
	Writing	3
	Narrative skills for pedagogy	2
	Clinical competence	13
	Professionalism and vocation	13
	Medical team functioning	9
Activities	Reading published narratives and writing reflectively	55
	Group discussion	46
	Sharing/Workshop writing	29
	Other (e.g., interviews, observations, portfolios, writing a patient's story, online forum)	18

Innovations in instructional methodologies and curriculum development

Innovations in narrative medicine education include the development of narrative-based training platforms such as Caring Stories, which seek to promote person-centered care by incorporating elderly patients' narratives into healthcare professional training (Smith et al., 2023c). Additionally, a "narrative surgery" curriculum tailored for general surgery residents, fostered the exploration of surgical culture, community development, and reflection on practice (Zmijewski et al., 2022). Furthermore, the integration of narrative medicine skills in perioperative care can enhance patient-centered care, shared decision-making, health literacy, and avoidance of futile surgery, presenting new opportunities for innovative approaches in perioperative medicine education (Vetter, 2023).

The implementation of narrative medicine education has shown various benefits. Studies have highlighted the value of patient accounts in augmenting the patient experience and improving attitudes toward underserved populations (So et al., 2023b). Furthermore, longitudinal narrative medicine interventions have demonstrated sustained qualitative benefits for pediatric residents, including community creation, self-expression, emotional and mental health benefits, and personal development, even six months postintervention (Smith

et al., 2023d). Overall, narrative medicine has proven to be a valuable instrument in healthcare education, offering lessons in empathy, self-reflection, and enhanced patient care.

8 Future Directions and Recommendations

Identifying areas for further research and development in narrative medicine education

As narrative medicine education continues to acquire recognition and adoption within medical curricula, several areas emerge as promising avenues for further research and development. First, more robust empirical studies are needed to assess the long-term impact of narrative medicine education on medical students' professional development and patient care outcomes. Additionally, investigating the effectiveness of various pedagogical approaches and curriculum designs in diverse cultural and healthcare contexts could provide valuable insights into optimizing narrative medicine education programs for maximum efficacy. Moreover, given the evolving nature of healthcare delivery and technology, there is a growing interest in integrating digital storytelling platforms and VR simulations into narrative medicine education, offering innovative methods to engage learners and enhance narrative competency. Furthermore, investigating the role of narrative medicine in confronting health disparities, promoting health equity, and supporting marginalized communities presents an intriguing area for future inquiry. Finally, efforts to establish standardized assessment tools and competency frameworks for narrative medicine education could facilitate program evaluation and ensure consistency in educational outcomes across institutions. By addressing these research deficits and nurturing interdisciplinary collaboration, the field of narrative medicine education can continue to evolve and contribute meaningfully to medical education and patient care.

Strategies for enhancing faculty training and institutional support

To enhance faculty training and institutional support in narrative medicine education, a multifaceted approach is essential. First, organizing faculty development seminars is crucial to acquaint educators with the principles and practices of narrative medicine education, comprising topics such as narrative analysis and facilitation techniques for small-group discussions. Encouraging interdisciplinary collaboration is equally vital, nurturing partnerships among healthcare professionals, educators, and humanities scholars to incorporate diverse perspectives into teaching. Mentorship programs should be established to combine experienced faculty members with newer educators, providing guidance on curriculum development and effective teaching methodologies. Furthermore, institutions must allocate resources, including funding and dedicated personnel, to support the development and implementation of narrative medicine programs. Advocating for institutional recognition and support through faculty promotion and tenure policies is essential. Additionally, fostering community engagement by partnering with local organizations and cultural institutions enriches the educational experience. Offering ongoing professional development opportunities and instituting evaluation mechanisms ensure continuous improvement and quality assurance in narrative medicine education.

Recommendations for advancing the discipline of narrative medicine education

As narrative medicine education continues to evolve, several recommendations can be proposed to further advance the field and maximize its impact on medical education and patient care. First, fostering collaboration and networking among institutions and educators can facilitate the sharing of best practices, resources, and research findings. The

establishment of national and international consortia dedicated to narrative medicine education could provide a platform for collaboration and knowledge exchange. Second, integrating narrative medicine more comprehensively into medical school curricula, including undergraduate and postgraduate training programs, can ensure that future healthcare professionals are endowed with essential narrative competencies. This entails developing standardized curricular guidelines and competency frameworks that can be adapted to diverse educational contexts. Third, fostering research and scholarship in narrative medicine education is crucial for developing an evidence base for its efficacy and impact. Encouraging funding agencies to prioritize research on narrative medicine education and supporting interdisciplinary research collaborations can advance our understanding of its benefits and challenges. Finally, advocating for institutional support, recognition, and sustainability of narrative medicine education within healthcare systems is essential. This includes procuring funding, establishing dedicated faculty positions, and integrating narrative medicine into institutional policies and practices. By implementing these recommendations, the field of narrative medicine education can continue to develop and flourish, ultimately improving patient care and healthcare outcomes.

Conclusion

This study provides a comprehensive review of research related to narrative medicine education. It categorizes the research primarily based on objectives, content, pedagogies, and assessment. Additionally, it summarizes the innovative reforms and developments in narrative medicine education, offering valuable insights for the future development of narrative medicine education.

In terms of the selection of teaching content and methods. The main content includes the origin and concept of narrative medicine, including its related elements, focus, and instruments; narrative interpretation studies; interdisciplinary exploration; and narrative methods. Closely analyzing literary works, films, TV documentaries, dramas, and narratives of illness can guide learners in reflective writing and fine listening related to clinical practice, patient narratives, emotional responses, and reflective interactions. Of course, with the development of narrative medicine education, there are also many innovative teaching methods, such as debates and graffiti journals.

Educational assessment serves the realization of educational objectives. Most studies have included professional identity, reflective ability, emotional perception, clinical practice, empathy, and humanities care ability as the evaluation content. Narrative ability is often the most researched evaluation criterion, with evaluations typically based on qualitative research on student writing or feedback. Future research on narrative medicine education can expand evaluation dimensions, such as professional burnout, cultural competence, communication skills, and trait emotional intelligence, and recommend the use of quantitative methods for evaluation and measurement.

Therefore, for narrative medicine education researchers, dedicating efforts to the long-term impact of narrative medicine education initiatives is essential. Furthermore, investigating the efficacy of various pedagogical approaches and curriculum designs in diverse cultural and healthcare contexts is necessary. Additionally, integrating digital platforms and virtual reality into narrative medicine education can be attempted. Finally, establishing standardized assessment tools and competency frameworks for narrative medicine education is crucial. From the perspectives of medical schools and hospitals, addressing faculty issues and fostering collaboration and networking among institutions and educators are priorities.

Moreover, vigorously promoting the comprehensive integration of narrative medicine courses into medical school curricula is essential.

References

- Charon, R. (2001). Narrative medicine. *JAMA*, 286(15), 1897.
<https://doi.org/10.1001/jama.286.15.1897>
- Childress, A., Poythress, E. L., Toussant, R., Stolar, A., Laufman, L., Appelbaum, N., & Nuila, R. (2022). Using narrative medicine workshops to improve empathy and emotional intelligence and address burnout among medical students. *Academic Medicine*, 97(11S), S120. <https://doi.org/10.1097/acm.0000000000004863>
- Chretien, K. C., Swenson, R. R., Yoon, B., Julian, R., Keenan, J., Croffoot, J., & Kheirbek, R. (2015). Tell me your story: A pilot Narrative Medicine curriculum during the Medicine Clerkship. *Journal of General Internal Medicine*, 30(7), 1025–1028. <https://doi.org/10.1007/s11606-015-3211-z>
- Chu, S., Wen, C., & Lin, C. (2020). A qualitative study of clinical narrative competence of medical personnel. *BMC Medical Education*, 20(1). <https://doi.org/10.1186/s12909-020-02336-6>
- Collier, K. M., Gupta, A., & Vinson, A. H. (2022). Motivating change in resident language use through narrative medicine workshops. *BMC Medical Education*, 22(1). <https://doi.org/10.1186/s12909-022-03721-z>
- Communicating and Cooperating with Cancer Patients -- Where Cognitive Science Meets Narrative Medicine - Northumbria Research Link. (n.d.-b). <http://nrl.northumbria.ac.uk/id/eprint/28257>
- Daryazadeh, S., Adibi, P., Yamani, N., & Mollabashi, R. (2020). Impact of a narrative medicine program on reflective capacity and empathy of medical students in Iran. *Journal of Educational Evaluation for Health Professions*, 17, 3. <https://doi.org/10.3352/jeehp.2020.17.3>
- Daryazadeh, S., Adibi, P., & Yamani, N. (2022). The role of narrative medicine program in promoting professional ethics: perceptions of Iranian medical students. *Journal of Medical Ethics and History of Medicine*. <https://doi.org/10.18502/jmehm.v14i21.8181>
- DasGupta, S. (2003). Reading Bodies, Writing Bodies: Self-Reflection and Cultural Criticism in a Narrative Medicine Curriculum. *Literature and Medicine*, 22(2), 241–256. <https://doi.org/10.1353/lm.2003.0018>
- Davidson, L. G., & Cusanno, B. R. (2022). Narrative medicine. *The International Encyclopedia of Health Communication*, 1–5. <https://doi.org/10.1002/9781119678816.iehc0683>
- De Rivera Atienza, V. A., Gutiérrez-Misis, A., Alfonso, A. C. B., Rodrigo, J., Arribas, J. M., López, N., Castell-Alcalá, M. V., Ramos, M. T. B., Goñi, J. L., Pérez, M. D., Gutiérrez, M., Panadés, R. M. G., González-López, E., & Gijón-Conde, T. (2023). Medical students maintain their humanistic and patient-centred vocation throughout Medicine Degree in Spain: a study based on narratives. *SN Social Sciences*, 3(6). <https://doi.org/10.1007/s43545-023-00673-z>
- Editor. (2019). Interactive module Development of teacher's measurements. *International Journal of Humanities, Management and Social Science (IJ-HUMASS)*, 1(1), 1–6. <https://doi.org/10.36079/lamintang.ij-humass-0101.10>
- Feng, Y., Hu, Y., & Lin, W. (2023). Narrative nephrology via clinical scenario-based workshop promotes empathy in medical students. *Research Square (Research Square)*. <https://doi.org/10.21203/rs.3.rs-2850099/v1>

- Garrison, D. L., Lyness, J. M., Frank, J. B., & Epstein, R. M. (2011). Qualitative Analysis of Medical Student Impressions of a Narrative Exercise in the Third-Year Psychiatry Clerkship. *Academic Medicine*, 86(1), 85–89. <https://doi.org/10.1097/acm.0b013e3181ff7a63>
- Glifonea, D. J. (2012). Content evaluation of teaching modules in principles of teaching integrating the National Competency-Based Teacher Standards. <https://ejournals.ph/article.php?id=6749>
- Goel, N., Deshmukh, K., Patel, B. C., & Chacko, S. (2021). Tools and rubrics for assessment of learning outcomes. In *Advances in educational technologies and instructional design book series* (pp. 211–254). <https://doi.org/10.4018/978-1-7998-4784-7.ch013>
- Guo, L. (2019). [What is narrative medicine?]. *PubMed*, 48(5), 467–473. <https://doi.org/10.3785/j.issn.1008-9292.2019.10.01>
- Hammer, R. (2010). An education that pierces what the knife cannot: A student perspective. *Anatomical Sciences Education*. <https://doi.org/10.1002/ase.147>
- Hellerstein, D. J. (2015). “The City of the Hospital”: On Teaching Medical Students to Write. *The Journal of Medical Humanities*. <https://doi.org/10.1007/s10912-015-9348-2>
- Herrera, O. A., Mejías, P., & Cid, A. (2021). Support for the design of learning modules: An approach from assessment. *2021 XVI Latin American Conference on Learning Technologies (LACLO)*. <https://doi.org/10.1109/laclo54177.2021.00081>
- Jennings, D. (2010). THE TRANSFORMATIVE EFFECT OF MODULE RE-DESIGN: a DESIGN FOR E-LIFE. *EDULEARN10 Proceedings*, 2408–2415. <http://eprints.teachingandlearning.ie/2594/>
- Kribernegg, U. (2022). NARRATIVE MEDICINE AS INTERDISCIPLINARY PRACTICE. *Innovation in Aging*, 6(Supplement_1), 242–243. <https://doi.org/10.1093/geroni/igac059.963>
- Liao, H., & Wang, Y. (2023). Narrative medicine and humanities for health professions education: an experimental study. *Medical Education Online*, 28(1). <https://doi.org/10.1080/10872981.2023.2235749>
- Liaw, F., Chang, Y., Chang, Y., Shih, L., & Tsai, P. (2022). Using drawing and situated learning to teach transitional care to post-graduate residents. *BMC Medical Education*, 22(1). <https://doi.org/10.1186/s12909-022-03738-4>
- Marchalik, D. (2017). The Return to Literature—Making Doctors Matter in the new era of Medicine. *Academic Medicine*, 92(12), 1665–1667. <https://doi.org/10.1097/acm.0000000000001986>
- Martins, C. B. (2023). Narrative Medicine Methods applied to film in Healthcare education. In *Advances in healthcare information systems and administration book series* (pp. 138–155). <https://doi.org/10.4018/978-1-6684-8064-9.ch009>
- McNamara, J. P., & Nolan, M. F. (2022). An approach to determining, delivering, and assessing essential course content in a medical human anatomy course. *Clinical Anatomy*, 35(6), 789–794. <https://doi.org/10.1002/ca.23911>
- Miftari, I., & Idrizi, E. (2017). THE RELEVANCE OF ASSESSING STUDENTS AND TESTING TEXTBOOKS PRIOR SYLLABUS DESIGN. *Knowledge International Journal*, 19(1), 149–152. <https://ikm.mk/ojs/index.php/KIJ/article/download/3488/3346>
- Milota, M., Van Thiel, G. J. M. W., & Van Delden, J. J. M. (2019). Narrative medicine as a medical education tool: A systematic review. *Medical Teacher*, 41(7), 802–810. <https://doi.org/10.1080/0142159x.2019.1584274>

- Mubarokah, M. A., Munawaroh, S., Hastami, Y., & Wiyono, N. (2020). LEARNING OBJECTIVE OF THE ANATOMY CIRCULATION SYSTEM FOR THE MEDICAL STUDENTS: a DELPHI STUDY. *Jurnal Pendidikan Kedokteran Indonesia*, 9(3), 222. <https://doi.org/10.22146/jpki.48768>
- Müller, A., & Schmidt, B. (2009). Assessment as Opportunity to Learn: Significance, Aims and Forms of Higher Education Assessment. *Education*. <https://www.zfhe.at/index.php/zfhe/article/download/59/51>
- Nash, W., Erondy, M., & Childress, A. (2023). Expanding Narrative Medicine through the Collaborative Construction and Compelling Performance of Stories. *the Journal of Medical Humanities*, 44(2), 207–225. <https://doi.org/10.1007/s10912-022-09779-6>
- Ney, D. B., Ankam, N., Wilson, A., & Spandorfer, J. (2023). The implementation of a required book club for medical students and faculty. *Medical Education Online*, 28(1). <https://doi.org/10.1080/10872981.2023.2173045>
- Orr, R., Csikari, M. M., Freeman, S., & Rodriguez, M. C. (2022). Writing and using learning objectives. *CBE Life Sciences Education*, 21(3). <https://doi.org/10.1187/cbe.22-04-0073>
- Phelan, J. (2022). *Narrative medicine*. <https://doi.org/10.4324/9781003018865>
- Reichert, J. M., Solan, B., Timm, C., & Kalishman, S. (2009). Narrative Medicine and Emerging Clinical Practice. *Literature and Medicine*, 27(2), 248–271. <https://doi.org/10.1353/lm.0.0028>
- Remein, C. D., Childs, E., Pasco, J. C., Trinquart, L., Flynn, D., Wingerter, S. L., Bhasin, R. M., Demers, L., & Benjamin, E. J. (2020). Content and outcomes of narrative medicine programmes: a systematic review of the literature through 2019. *BMJ Open*, 10(1), e031568. <https://doi.org/10.1136/bmjopen-2019-031568>
- Remein, C. D., Childs, E., Beard, J., Demers, L., Benjamin, E. J., & Wingerter, S. L. (2022). “Getting Started”: A pilot introductory narrative writing session for interprofessional faculty in academic health sciences. *Advances in Medical Education and Practice*, Volume 13, 265–274. <https://doi.org/10.2147/amep.s350246>
- Rian, J. S., & Hammer, R. (2013). The Practical Application of narrative Medicine at Mayo Clinic: Imagining the scaffold of a worthy house. *Culture, Medicine and Psychiatry*, 37(4), 670–680. <https://doi.org/10.1007/s11013-013-9340-0>
- Rueb, M., Siebeck, M., Rehfuess, E., & Pfadenhauer, L. M. (2022). Cinemedication in medicine: a mixed methods study on students’ motivations and benefits. *BMC Medical Education*, 22(1). <https://doi.org/10.1186/s12909-022-03240-x>
- Singh, V., & Singh, R. (2023). Teaching should be preferred over research in peripheral medical institutions. *Journal of the Anatomical Society of India*, 72(1), 1. https://doi.org/10.4103/jasi.jasi_25_23
- Skorunka, D., Keřkovská, T., & Řiháček, T. (2022). Narrative sensitivity in medical students: A mixed-method exploration. *Československá Psychologie*, 66(5), 449–462. <https://doi.org/10.51561/cspsych.66.5.449>
- Small, L. (2023). AfterWards: a narrative medicine program at Johns Hopkins Medicine and in China. *Chinese Medicine and Culture*, 6(2), 213–217. <https://doi.org/10.1097/mc9.000000000000060>
- Smith, L. M., Villar, F., & Wendel, S. (2023). Narrative-based learning for person-centred healthcare: the Caring Stories learning framework. *Medical Humanities*, 49(4), 583–592. <https://doi.org/10.1136/medhum-2022-012530>

- So, M., Sedarski, E., Parries, M., & Sick, B. (2023). "Many people know nothing about us": narrative medicine applications at a student-run free clinic. *Journal of Interprofessional Care*, 37(6), 1018–1026. <https://doi.org/10.1080/13561820.2023.2218885>
- Spencer, D. (2023). Narrative medicine. In Oxford University Press eBooks (pp. 305-C14P151). <https://doi.org/10.1093/oso/9780197571026.003.0015>
- Stumbar, S. E., Phan, M., & Samuels, M. (2023). An Exploratory study of a Fourth-Year Narrative Medicine Elective: Promoting Strategies for Personal Well-Being and Improved Patient Care. *Southern Medical Journal*, 116(1), 42–45. <https://doi.org/10.14423/smj.0000000000001497>
- Steinhauser, K. E., & Winger, J. G. (2022). Narrative medicine. In *Oxford University Press eBooks* (pp. 495-C33.P57). <https://doi.org/10.1093/med/9780197583838.003.0033>
- Stanley, P. H., & Hurst, M. (2011). Narrative Palliative Care: a method for building empathy. *Journal of Social Work in End-of-life & Palliative Care*, 7(1), 39–55. <https://doi.org/10.1080/15524256.2011.548046>
- Vetter, T. R. (2023). Recognizing and maximizing the nexus of perioperative medicine and narrative medicine. *Anesthesia and Analgesia/Anesthesia & Analgesia*, 136(4), 665–674. <https://doi.org/10.1213/ane.0000000000006323>
- Wald, H. S. (2019). Letter to the Editor: Editorial: What is Narrative Medicine, and Why Should We Use it in Orthopaedic Practice? *Clinical Orthopaedics and Related Research*, 478(2), 445. <https://doi.org/10.1097/corr.0000000000001093>
- Xue, M., Sun, H., Xue, J., Zhou, J., Qu, J., Ji, S., Yuan, B., & Liu, Y. (2023). Narrative medicine as a teaching strategy for nursing students to developing professionalism, empathy and humanistic caring ability: a randomized controlled trial. *BMC Medical Education*, 23(1). <https://doi.org/10.1186/s12909-023-04026-5>
- Zhang, H. (2022). The shift in the narrative of Doctor-Patient communication and the cultivation of medical information exchange communication based on the information technology era. *Journal of Mobile Information Systems*, 2022, 1–11. <https://doi.org/10.1155/2022/7121092>
- Zhao, J., Ouyang, X., Li, Q., Líu, H., Wang, F., Li, Q., Xu, Z., Ji, S., & Yue, S. (2023). Role of narrative medicine-based education in cultivating empathy in residents. *BMC Medical Education*, 23(1). <https://doi.org/10.1186/s12909-023-04096-5>
- Zmijewski, P., Dockery, D. M., Lynch, K., Reidy, E., Ortega, G., Harrington, D., Gillis, A., Fazendin, J., Chen, H., & Lindeman, B. (2022). Narrative surgery: an innovative approach to surgical training. *Global Surgical Education*, 1(1). <https://doi.org/10.1007/s44186-022-00060-x>